



TOWN OF CHILMARK
CHILMARK, MASSACHUSETTS

TOWN OFFICES:
Beetlebung Corner
Post Office Box 119
Chilmark, MA 02535
508-645-2110 Fax

MAIL - IN 2009 DOG LICENSE FORM
TOWN CLERK - P.O. BOX 119, CHILMARK, MASSACHUSETTS 02535
(508)645-2107

We realize that many of you find it difficult to get to the Town Hall during regular business hours. Please fill out this form **COMPLETELY** and enclose a check for the proper amount.

OWNER INFORMATION:

Owner's Name _____
House Number and Street Name _____
Mailing Address _____ Zip _____
Telephone Number _____

DOG #1 Type (please circle one) Male / Neutered Male / Female / Spayed Female

Name _____ Breed _____ Color _____

Age _____ Rabies Tag Number _____

Rabies Certificate Expiration Date (must have month/day/year) _____

DOG #2 Type (please circle one) Male / Neutered Male / Female / Spayed Female

Name _____ Breed _____ Color _____

Age _____ Rabies Tag Number _____

Rabies Certificate Expiration Date (must have month/day/year) _____

FEES - Checks should be made out to the "Town of Chilmark." You may return this completed form, along with a check for the proper amount in the same envelope as your census form. We will mail you your dog license tag.

Type	Quantity		Fee	Totals
Male (s)	_____	X	\$10.00	_____
Neutered Males (s)	_____	X	\$ 6.00	_____
Female (s)	_____	X	\$10.00	_____
Spayed Female (s)	_____	X	\$ 6.00	_____
Postage (for mailing license tag)				\$.50
Total Payment Enclosed				\$ _____